

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/520093
FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2	/						52	/					
3	/						53	/					
4	/						54	/					
5	/	12					55	/					
6		21					56	/					
7	/						57	/					
8	/						58	/					
9		12					59	/					
10		62					60						
11		62					61						
12		62					62						
13	/						63						
14	/						64						
15	/						65						
16							66						
17	/						67						
18	/						68						
19	12						69						
20	21						70						
21	14						71						
22	14						72						
23	14						73						
24	/						74						
25	/						75						
26	/						76						
27	/						77						
28	/						78						
29	/						79						
30	100						80						
31	12						81						
32	100						82						
33	100						83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			↓		↓		TOTAL IND.	7	↓		↓		↓
TOTAL DEP.			←		←		TOTAL DEP.	52	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	59					